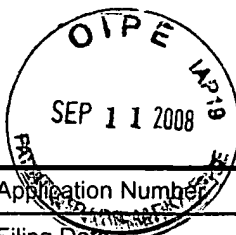


Please type a plus sign (+) inside this box → +



HDP/SB/21 based on PTO/SB/21 (08-00)

IFW / PCE #

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/762,536
Filing Date	January 23, 2004
Inventor(s)	Sang Woon SUH et al.
Group Art Unit	2132
Examiner Name	Benjamin Lanier
Attorney Docket Number	1740-000044/US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Letter to the Official Draftsperson and ____ Sheets of Formal Drawing(s)	<input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Notice of Appeal, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Request for Continued Examination
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Attn: Mail Stop Amendments

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Gary D. Yacura	Reg. No. 35,416
Signature			
Date	September 11, 2008		

FEE TRANSMITTAL for FY 2008

Effective 2/8/2006. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1860

Complete if Known

Application Number 10/762,536
Filing Date January 23, 2004
First Named Inventor Sang Woon SUH et al.
Examiner Name Benjamin Lanier
Art Unit 2132
Attorney Docket No. 1740-000044/US

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, PLC

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	310	2011	155	Utility filing fee	
1012	210	2012	105	Design filing fee	
1013	210	2013	105	Plant filing fee	
1014	310	2014	155	Reissue filing fee	
1005	210	2005	105	Provisional filing fee	
SUBTOTAL (1)					(\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	33	-48 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	7	-7 **	=	0	X		=	0	
Multiple Dependent							=	0	

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	50	2202	25	Claims in excess of 20	
1201	210	2201	105	Independent claims in excess of 3	
1203	370	2203	185	Multiple dependent claim, if not paid	
1204	210	2204	105	** Reissue independent claims over original patent	
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	1050
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1452	510	2452	255	Petition to revive - unavoidable	
1453	1,540	2453	770	Petition to revive - unintentional	
1462	400	1462	400	Petition fee under 37 CFR 1.17(f)	
1463	200	1463	200	Petition fee under 37 CFR 1.17(g)	
1464	130	1464	130	Petition fee under 37 CFR 1.17(h)	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	810

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$1860)

4. SEARCH/EXAMINATION FEES

1111	510	2111	255	Utility Search Fee	
1112	100	2112	50	Design Search Fee	
1113	310	2113	155	Plant Search Fee	
1114	510	2114	255	Reissue Search Fee	
1311	210	2311	105	Utility Examination Fee	
1312	130	2312	65	Design Examination Fee	
1313	160	2313	80	Plant Examination Fee	
1314	620	2314	310	Reissue Examination Fee	

SUBTOTAL (4) (\$0)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Gary D. Yacura Registration No. (Attorney/Agent) 35,416 Telephone (703)668-8000
Signature Date September 11, 2008

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.